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| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 C.F.R. 1.63) COMBINED WITH POWER OF ATTORNEY | Attorney Docket No. | 9393 |
| | First Named Inventor | John Collins Dyer |
| | COMPLETE IF KNOWN | |
| | Application Number | |
| | Filing Date | October 21, 2003 |
| | Group Art Unit | |
| | Examiner Name | |
| | Confirmation Number | |

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled Tampon with Enhanced Leakage Protection the specification of which

(check one) ☒ is attached hereto.
☐ was filed on _____ (MM/DD/YYYY) as United States
 Application No. or PCT International Application Serial No. _____
 and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed |
|-------------------------------------|---------|----------------------------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |

I hereby appoint Practitioners at Customer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to Customer Number 27752.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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|--|------------|--------------------------------|----------------|
| NAME OF SOLE OR FIRST INVENTOR: | | | |
| Given Name John Collins (first and middle [if any]) | | Family Name Dyer Or Surname | |
| Inventor's Signature <i>John Collins Dyer</i> | | Date <i>October 23, 2003</i> | |
| Residence: City Evendale | State Ohio | Country US | Citizenship US |
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| City Cincinnati | State Ohio | Zip (or Postal Code) 45241 | Country US |

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No. 9393

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|---|------------|----------------------------------|----------------|
| NAME OF SECOND INVENTOR: | | | |
| Given Name Karen Ann (first and middle [if any]) | | Family Name Kreutz Or Surname | |
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|---|------------|---------------------------------------|----------------|
| NAME OF THIRD INVENTOR: | | | |
| Given Name Thomas Ward (first and middle [if any]) | | Family Name Osborn, III Or Surname | |
| Inventor's Signature <i>Thomas W Osborn</i> | | Date 22 Oct 2003 | |
| Residence: City Clifton | State Ohio | Country US | Citizenship US |
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